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Case Report

Chemotherapeutic Prevention of Choriocarcinoma Developed in Persistent Trophoblastic Disease after Hydatidiform Mole

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Case

Purpose

The author treated choriocarcinoma (Ch-C) with systemic primary Methotrexate (MTX) and achieved complete remission with the disappearance of primary and metastatic foci by repeated 200 to 300 mg intensive MTX courses, confirmed by the loss of human chorionic gnadotropine (hCG) in the serum and urine. Thus, the author intended to prevent choriocarcinoma (Ch-C) with MTX chemotherapy.

Methods

As the Ch-C was the most frequently developed after hydatidiform mole, Ch-C prevention was tried in 1960s in Kyushu University Department of Obstetrics and Gynecology [1], by the administration of MTX generally for 70mg per-oral in post molar cases within 3 weeks after the mole, which was 10 mg MTX per day for a week after the mole, in cases of negative pregnancy test that was no hCG output, who were 104 cases, where vaginal examination was detailed, pregnancy test was repeated, some cases received chest X-ray looking for early pulmonary metastasis, where no early metastasis was detected, but three cases, who had positive urinary pregnancy test., namely, they were post molar persisted trophoblastic disease diagnosed by persistent hCG output, The hCG might be originated from trophoblasts remained in patients body after hydatid mole, because an endometrial specimen revealed remained trophoblasts, namely, hCG was sensitive marker of trophoblastic diseases.

Results and Conclusion

Urinary pregnancy test was negative after administration of 340mg MTX in total in a case, while other 2 cases received 200-300mg MTX in total at negative pregnancy test, where negative hCG test will mean no remained trophoblast cell, namely, malignant trophoblastic disease was prevented by the MTX therapy, actually, no choriocarcinoma developed after the MTX course in 107 cases of MTX treatment in this study, while 81 cases of no MTX treatment after the mole developed 6 cases of Ch-C (12%) within 2 years after the mole, which was significantly more than 107 prophylactic MTX therapy and no Ch-C (0%) [1]. Also it will be emphasized that 3 persisted trophoblastic diseases showed no significant difference to 6 Ch-C (12%) in 81 cases, that meant the MTX treatment was effective to prevent Ch-C due to the MTX treatment of persistent trophoblastic disease, namely, postmolar Ch-C is caused by the persisted trophoblastic disease, namely, the persistent trophoblastic disease is the base of gestational choriocarcinoma.

Thus, the most important point to prevent gestational choriocarcinoma is MTX treatment of persistent trophoblastic disease after the hydatidiform mole. Thus, ultrasound B-mode should detect hydatidiform mole correctly in early pregnancy, as the typical molar cyst may be incorrectly diagnosed to missed abortion or blighted ovum to receive the termination of hydatidiform pregnancy without the molar diagnosis, which lost the chance of choriocarcinoma prevention without postmolar chemotherapy, which is the treatment of persisted trophoblastic disease after molar pregnancy. Molar pregnancy is correctly diagnosed 2 weeks after the doubtful ultrasound examination. Let us diagnose hydatidiform mole correctly with ultrasound to get the chance to prevent choriocarcinoma after the mole.

Reference

1.Koga K, Maeda K (1968) Prophylactic chemotherapy with amethopterin for prevention of choriocrcinoma following removal of hydatidiform mole. Amer J Obstet Gynecol 100(2): 270-275.

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